Administrative Services
KIMBERLY K. HOOD
Executive Director

Office of State Debt Collection
DAVID JOHNSON III
Division Director

State of Utah

JON M. HUNTSMAN, JR.
Governor

GARY R. HERBERT
Lieutenant Governor

AUTHORITY FOR THE AUTOMATIC TRANSFER OF FUNDS

I (we) hereby authorize the State of Utah, Office of State Debt Collection (OSDC) to transfer funds from the account described below (the "Account") at the frequency and in the amounts stated. I (we) authorize the institution at which the Account is maintained to accept the debit initiated by OSDC and to debit the Account as instructed by OSDC. As to the regularly scheduled payments due OSDC, I (we) authorize the institution named below to debit the Account monthly in the amount of $ _____. In addition, I (we) authorize the institution at which the Account is maintained to debit the Account at any time and from the time to time in the amount of any other payment or amounts that are not paid when due to OSDC. This agreement may be terminated only with written authorization of OSDC. I (we) guarantee that I (we) are authorized signatories on the Account and have the legal right to conduct any and all business on the Account. I (we) understand that the amount of any debit to the Account may change, under the original terms, or modified terms, of my (our) account with OSDC. I (we) also understand that I am (we are) ultimately responsible for each and every payment due under the loan from OSDC. If a problem occurs with the ACH debit process, it is my (our) responsibility to make a payment to OSDC by money order in a timely manner in order to avoid a late fee and additional interest.

BANK NAME _____   CHECKING □   OR   SAVINGS □
Mark **only one** box

STREET ADDRESS _____   Routing and Transit number _____

CITY, STATE ZIP _____   Account Number   _____

Include a voided check when returning this authorization form.

Regularly scheduled payments of $ _____per_____ commencing on _____. And other payments as directed by OSDC.

NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

EMAIL ADDRESS: _____

NAME OF ACCOUNT SIGNER 1: _____

SIGNATURE: _____

DATE (MM/DD/YY): _____

NAME OF ACCOUNT SIGNER 2: _____

SIGNATURE: _____

DATE (MM/DD/YY): _____

_____ Received a copy of the customer's voided check.

_____ The customer received a copy of this agreement.